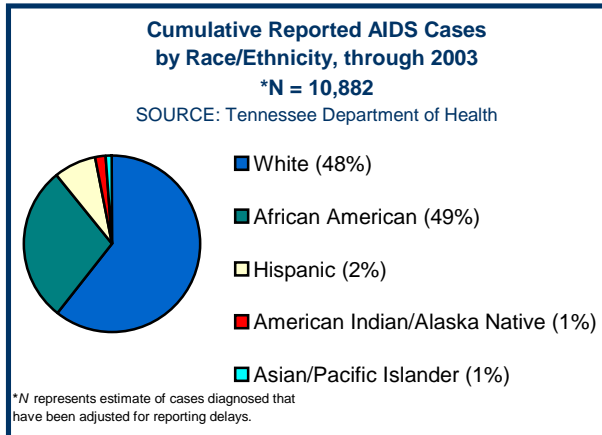
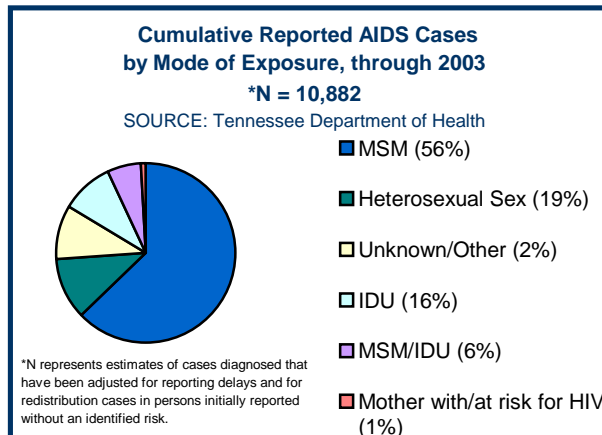




HIV/AIDS, STD & TB Prevention TENNESSEE

HIV/AIDS Epidemic

Tennessee reported 10,740 cumulative AIDS cases to CDC as of December 2003.

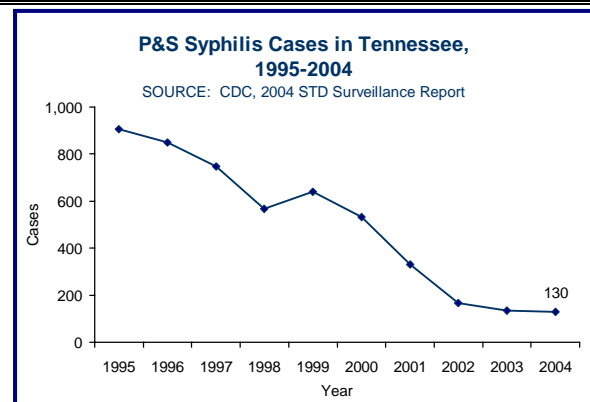


Sexually Transmitted Diseases (STDs)

Syphilis

Primary and secondary (P&S) syphilis (the stages when syphilis is most infectious) remains a problem in the southern U.S. and some urban areas. In Tennessee, the rate of P&S syphilis decreased 87% from 1995-2004

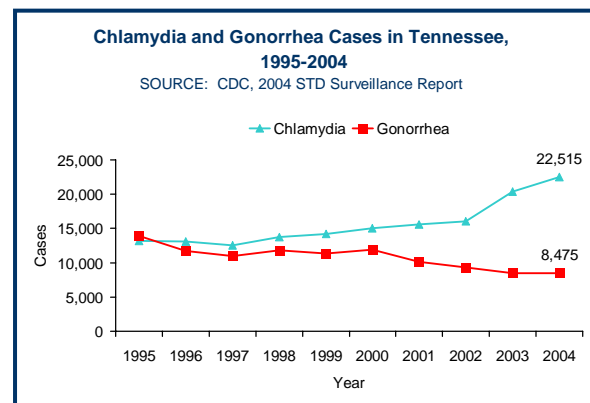
- Tennessee ranked 16th among the 50 states with 2.2 cases of P&S syphilis per 100,000 persons.
- The number of congenital syphilis cases decreased from 29 in 1995 to 4 in 2004.



Chlamydia and Gonorrhea

Chlamydial and gonorrheal infections in women are usually asymptomatic and often go undiagnosed. Untreated, these infections can lead to pelvic inflammatory disease (PID), which can cause tubal infertility, ectopic pregnancy, and chronic pelvic pain.

- Tennessee ranked 9th among the 50 states in chlamydial infections (385.4 per 100,000 persons) and 13th in the rate of gonorrhea infections (145.1 per 100,000 persons).
- Rates of chlamydia among Tennessee women (543.2 cases per 100,000 females) were 2.5 times greater than those among Tennessee men (220.1 cases per 100,000 males).

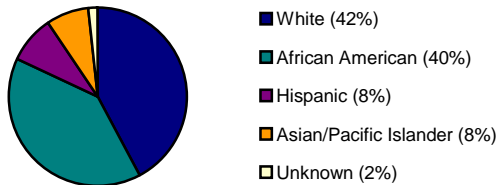


Tuberculosis

TB Cases by Race/Ethnicity, through 2003

N = 285

SOURCE: CDC, 2003 TB Surveillance Report



Although rates of tuberculosis (TB) infection in the U.S. have declined substantially since 1992, rates among foreign-born persons continued to increase. In 2003, Tennessee reported

- ❑ The 14th highest rate of TB in the U.S.
- ❑ A total of 285 TB cases with 42% affecting Whites and 40% affecting African Americans. In all, about 18% affecting foreign-born persons.

Program Initiatives Supported by CDC

HIV/AIDS

The Metropolitan Interdenominational Church in Nashville, Tennessee, provides national capacity building services to faith organizations serving African-American communities. This organization was funded under CDC's new capacity-building assistance program for Focus Area 3, Strengthening Community Access to and Utilization of HIV Prevention Services. The purpose of this focus area is to build intersystem collaborations and public/private partnerships to change institutional policies in favor of HIV testing and referral services; influence community norms to reduce stigma against people living with HIV/AIDS; and increase access to and use of HIV testing and referral services.

National Center for HIV, STDs & TB Prevention Funding to Tennessee, 2005 (US\$)

HIV/AIDS	\$5,672,524
STDs	\$3,426,739
TB	\$1,458,875

STDs

Tennessee has several activities for building awareness of STDs and stimulating behavior change in individuals, groups, and communities. These activities include collecting behavioral risk information on all positive syphilis patients and developing a database to store and analyze the information. Analysis of these data has proven to be a valuable tool for identifying disease trends in populations. For example, data indicated that in Memphis and Nashville, early cases of syphilis were occurring in men who have sex with men (MSM), many of whom were infected with HIV, which led to increased prevention activities among MSM. Local health department efforts in both cities included poster and flyer campaigns, intensified outreach in bar settings, and education. On a state level, a letter was sent to all physicians who provide care to HIV infected individuals, requesting a syphilis serology be performed with each CD-4 count in facilitate early detection of disease.

Tuberculosis

The state is currently conducting an investigation of the geographical distribution of pediatric cases and working intensively with specific sites (statewide) to evaluate these cases and implement measures and tools to reduce the risk of TB among children; a universal practice of providing directly observed preventive therapy (DOPT) to children less than 18 years of age with latent TB infection (LTBI) has been implemented statewide.

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